Moments of eternity: What Carl Rogers still has to offer brief-
therapists.

Maureen O'Hara, Ph.D.

Saybrook Graduate School

450 Pacific Ave., Third floor

San Francisco, CA 94133

Acknowledgements

Introduction

As far back as I can remember, I have been a scientist.  In nursery school I collected bugs and slugs, put them in jars and lost my self for hours watching them go about their "bugging" and "slugging".  This rapt fascination with the world, which I still experience each time I encounter an unknown creature, or listen to my son describe his adventures in molecular genetics, has been a reliable source of pleasure, inspiration and revelation.  But all along my love of science has been combined with something not usually associated with scientists.

Although I hesitate to say it out loud, I have also been something of a mystic.  Not an upper case Mystic, who talks to God, has grand visions, writes inspirational texts, or even professes any particular religious faith.  Rather I have been sort of a street mystic, always taken a little by surprise by glimpses of the divine in the ordinary daily-ness of life.  I started my career as a biological researcher, but even from the start there was a difference.  The Professor (Chair)of my

department, Dr. Irene Manton, one of the few women Fellows of the Royal Society, was a world famous microscopist.  She took me under her wing and resolved to teach me the basics of being scientist.  I didn't realize until much later that she was no ordinary scientist.  She too was a mystic.

     One day we were gazing into a very high powered microscope, as she tried to show me the fine structure of a particular sub-cellular organelle that she had identified.  For a very long time, I looked desperately at the field of random squiggles, but despite all my efforts, I could make out absolutely nothing.  I wanted to give up, cursing the "bloody thing".  Finally Professor Manton said gently, "Dear girl, if you don't love it, you won't see it.  You cannot force the universe to do your bidding.  You have to wait until you are ready for it, and it is ready for you."  I took a deep breath, relaxed and began to look at the specimen with a much softer gaze.  A few minutes later, in a blink of an eye, the amorphous puzzle on the screen took shape, and with something approaching bliss, I began to see the structures which no one before her had ever seen, and which a few moments before I had doubted even existed.

     As an apprentice in her lab, I came naturally by the notion that the scientific attitude is indistinguishable from the mystical.  Both require discipline, self preparation and openness to experience and a willingness to dwell in mystery.  And at the center of both the mystic's life and the scientist's is a faith that the universe has implicate order, a desire to encounter this reality in greater depth and complexity and to be transformed in the encounter. Not all scientists, but certainly a far greater number than will admit in public, are, like

mystics, fired by a spiritual longing to indwell in the mysteries of existence in an attempt to get closer to the divine.

With this kind of early training, it was inevitable that when I shifted careers from biological researcher to educator and psychotherapist, I would be drawn to the work of another scientist-mystic--Carl Ransome Rogers (O'Hara, 1995; Van Belle, 1990; Van Kalmthout, 1995). From the first exposure to his written work, through seventeen years of personal relationship as graduate student and later as colleague, I saw his approach to therapy and growth in clients, groups and communities, as another path to deepening my exploration of the enigma of Being--my own, and my clients, and of the contexts in which we found ourselves.

The evolving Rogerian tradition in psychotherapy and counseling

Carl Rogers, the inventor of person-centered therapy (first called "non-directive therapy," later "client-centered therapy" and finally "the person-centered approach" (although the Rogerian community is not all in agreement on this, in this chapter I will use them synonymously) is arguably the most influential American psychologist and perhaps the least understood. His work spanned sixty years, from the later 1920s to the late 1980s, and participated in three radical philosophical shifts that occurred in twentieth century psychology--leading one of them. As a college student, he had first thought he would study agriculture. After that he entered seminary to become a Protestant minister. He attended an ecumenical religious gathering in China in the 1920s and on the six-week sea-voyage immersed himself in Chinese religion and philosophy. He began his studies of psychology at Teachers College, at

Columbia University in New York, and at first considered himself, and was acknowledged by his peers, as a positivist empiricist scientist (O'Hara, 1994). His driving passion was to discover the "necessary and sufficient conditions" that if applied would lead to psychological healing and growth. During this first phase he succeeded in establishing the basic tenets of client-centered therapy, which eventually formed the basic ground rules for almost all species of effective "helping" relationships (see below).

In his middle years--partly as a consequence of his disappointment with the dominant mechanistic paradigm for psychological research, but mostly because of what he was learning about human experience from his clients--his ideal of empirical objectivity in psychological research faded into the background (although he never lost it completely). Instead, he turned to the more subjectivist phenomenological approaches to research that he felt could better grasp the highly nuanced complexity of human experience as it was lived. He was attracted to the American transcendentalist and romantic traditions of Thoreau and Emerson, the pragmatism of James and Dewey, and to European existentialists such as Søren Kierkegaard, all of whom sought psychological truth in the deep interior world of individual subjective experience. He was also greatly influenced by the ideas of Otto Rank (Kramer, 1995)and the "upper-case" Jewish Mystic, existential philosopher Martin Buber (Kirschenbaum & Henderson, 1989). He became increasingly interested in the interpersonal dimensions of life, enthusiastically embracing the encounter group movement. At this time he expanded his goals beyond psychotherapy and aimed at discovering the basic rules governing all healthy human relationships.

During these middle years he remained, however, strongly attached to the what Gergen (1994), has called the romantic-modernist idea of a sovereign inner "real self" to which, in the interest of mental well-being and self-realization, one must "be true."  His early research on encounter groups focused on the ways in which groups aid the individual growth of participants.  As the work developed, however, pulled once more by his desire to step out into unknown regions of experience,  he was drawn out of the therapeutic context altogether, and into the messy waters of large group community processes, cross-cultural communications, and diplomacy and peace-making on a global scale.  It was during this shift towards larger systems, that I joined up with him and his colleagues in La Jolla.

The large group work took him and his colleagues to Asia, South-Africa, Latin America, pre-Perestroika Soviet Union, Northern Ireland, and Eastern Europe and increasingly focused on situations of serious inter-group conflict.  In Northern Ireland he worked with groups of Protestants and Catholics, in South Africa he lead a workshop that was half blacks and half white and in Rust, Austria he and the members of the Carl Rogers Institute For Peace facilitated a group of diplomats and politicians from Central America and the US who came together to discuss the conflict raging in Nicaragua at the time.

Listening to the world through the experience of people from many cultures and trying to understand the strange, non-linear emergent processes that occur in these large group contexts, demanded another paradigmatic shift.  Confronted, in these poly-cultural experiences, by the realization that the "essential self" at the center of western psychology is an almost exclusively nineteenth and early twentieth

century male European construct, that it is the exception rather than the rule amongst most of the world's cultures (Geertz, 1979; O'Hara, 1996), he was forced into a constructivist world of multiple contextual psychological realities.

In 1974, while meditating on a beach in Northern California he wrote an article, "Do we need "a" reality?"(Rogers, 1980), in which he concluded, " [T]he way of the future must be to base our lives and our education on the assumption that there are as many realities as there are persons" (p. 105). He proposed that the work of therapists and educators must be nurture the birth of a culture and a psyche where human caring would not be conditional upon sameness, but on a celebration of difference. He had also loosened (but not quite abandoned) his moorings in the romantic-modernist view of the self, and was describing what he referred to as "persons of tomorrow" who have sufficiently developed levels of consciousness as to be "at home in a world that consists only of vibrating energy, a world with no solid base, a world of process and change, a world in which the mind, in its larger sense, is both aware of, and creates, the new reality" (Rogers, 1980, p 352.) He spent his last years attempting to put to use his learnings about the conditions which foster psychological growth and healing, trying to facilitate the birth of such a consciousness.

Rogers was among those humanistic psychologists who repudiated the instrumentalist, medical model of psychotherapy. In this model the person seeking help is seen as suffering from some pathology, or as otherwise defective in some way. The effective therapeutic agent is thought to be the therapist-delivered treatment, applied in prescribed doses and according to pre-determined protocols to specific diseases or

disorders exhibited by a "patient" (Bohart & Tallman, in press)  In

place of this "allopathic" view of "treatment from without" Rogers,

along with many others--Milton Erickson among them--saw the client as an

active agent in his or her own change, and sought to align himself with

the self-healing powers of individuals and groups.  More radically,

Rogers believed that this capacity for self-healing and creative agency

is the human organism's local expression of an intrinsic evolutionary

tendency in the universe impelling all of nature--from molecules to

galaxies--towards greater complexity and expanded levels of

consciousness.  To align constructively with the formative

tendency(Rogers, 1978) of the universe and with the self-actualizing

potential of a particular person or a group, is a far more ambitious

project than the alleviation of psychological symptoms!  In Rogers'

view, and the view of those of us who worked closely with him on the

development of what in 1975 we renamed the "person-centered approach,"

to establish the kind of relationship in which people make an

experiential shift towards greater awareness and higher orders of

consciousness, is to participate in some minuscule way to the process of

matter becoming conscious of itself.


Necessary and sufficient?


    Encountering another human being means being kept alive by an

    enigma.  Emmanual  Lévinas


    When asked about the place of Carl Rogers' methods in his work,

solution-focused brief therapist William O'Hanlon replied, "That's the

first five minutes.  If you don't do that stuff, I don't think you are going to get anywhere" (O'Hanlon, 1993).

What "stuff" is O'Hanlon talking about?

During the 1940s and early 1950s Rogers and a large team of co-investigators systematically evaluated the therapeutic conditions under which clients progressed towards wholeness in psychotherapy and counseling. These studies, published in 1954 (Rogers & Dymond, 1954) established what he thought were the six essential conditions for therapeutic growth. He summarized the findings in the now classic paper, The necessary and sufficient conditions of therapeutic personality change. (Rogers, 1957),  in which he states:

For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time:

1.  Two persons are in psychological contact.

2.  The first, whom we shall call the client, is in a state of incongruence, being vulnerable or anxious.

3.  The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

4.  The therapist experience unconditional positive regard for the client.

5.  The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.

6.  The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Going into the project, which lasted several years, the researchers had expected to identify key techniques and interventions that seemed to correlate with therapeutic shifts, and they hoped that this would provide a standardized approach to therapy and counseling. This was not to be. The further into their project the team got, the more audio-tapes and session transcripts they analyzed, the more objective pre- and post-therapy tests they ran, the more they were forced to admit that what seemed to bring about significant shifts in therapy was not the technical expertise of the therapists, but a certain set of attitudes, values, and personal qualities, which Rogers (1980) later came to call "ways of being" which they bring into their relationships.  Central to these attitudes are two major positions: firstly a faith that "each person has within himself or herself vast resources for self-understanding and for constructive changes in ways of being and behaving," (Rogers & Sanford, 1989,  p1493. ), and secondly, that these resources can be released and realized when the therapist and client are in psychological contact within a relationship with certain definable qualities. These qualities are, "realness, caring and a deeply sensitive non-judgmental understanding," and the willingness and ability to enter into an experiential empathic connection with clients so as to sense the internal experience, the frames of reference and flow of feelings and meanings as if from the point of view of the client.

    Although these conditions were identified by Rogers as early as 1942 (Rogers, 1942), over the decades since then a wealth of outcome and process studies have been conducted by others on a wide spectrum of therapeutic approaches, including some that are conscientiously at odds with person-centered approaches--such as cognitive-behaviorist and

psychoanalytic approaches--which have largely confirmed Rogers discoveries (Luborsky, Singer, & Luborsky, 1975; Seligman, 1995). The vast preponderance of the "common factors" research points to the remarkable stability over the decades of Rogers' basic constructs. Even in non-client-centered therapies, client resourcefulness, agency and capacity for self-directed growth, in the context of a relationship characterized by warmth, respectful, and empathic understanding, overpowers any other variables such as technique, theoretical orientation, diagnosis or experience level of the therapist (Bohart & Tallman,1999 in press).

It is ironic then, that just as there seems to be a convergence of evidence that would support the person-centered approach as the basic therapeutic stance, the approach has been all but banished from the universities in the United States, and is rarely the therapy of choice with HMOs, which appear to prefer any therapy with the words "brief," "short term," "strategic," or "medication" in its name!

A brief field study of brief person-centered therapy.

If we can recognize this [time] limit, and refrain from playing a self-satisfying Jehovah role, we can offer a very definite kind of clarifying help, even in a short space of time. (Carl Rogers, 1942, p. 247-248.)

In order to find out if this neglect of person-centered therapy is justified on grounds that such non-directive approaches,though effective, are too time consuming and expensive in these cost conscious days, I conducted my own informal survey of person-centered

practitioners around the world, about therapy length.  I belong to several global electronic listserves of humanistic and person-centered therapists, so I asked participants the typical length of therapy needed to arrive at a successful therapeutic outcome as identified by both client and therapist.  I also asked them to share any research they had conducted or knew about on the topic, or any anecdotal evidence that could shed some light on the question of whether Person-centered therapies could legitimately be considered "short term" or "brief therapy."

The responses, which came from Latin America, Australia, Europe and North America, from younger practitioners and old hands revealed that most of the respondents had worked at least some of the time in settings where the number of sessions was tightly restricted.  These settings included employee assistance programs, college and university counseling centers, on-call emergency psychiatric clinics, residential treatment centers, and  HMOs.

Most respondents said that although they did not favor the artificially imposed limits imposed by extra-therapeutic factors, they nevertheless felt that under the right circumstances, even with externally imposed time limits, it was reasonable to expect positive results in several sessions (eight to twelve was the typical number); some reported significant effects in as little as three sessions (Mearns, 1994); and one reported positive changes after an allotted single assessment interview (Cury, personal communication). Interestingly, others who were under no externally imposed time-constraints, also reported that their typical number of sessions with clients was in the same range.  Some of these therapists, however, did

report that sometimes clients remained in therapy up to fifty sessions and beyond.

Respondents were mixed in their overall assessment of the efficacy of short term therapy.  Several respondents had been much influenced by the radical ideas of Rankian social worker Jessie Taft (Taft, 1933), and saw the presence of an externally imposed time limit as a facilitative factor if it were made to stand for unavoidable existential limits within which we all must live. In a radical challenge to the endless psychoanalytic therapies of her era, social worker Taft argued that even one hour of therapy can provide the occasion for transformation.

When he can take it [the therapy hour] and also leave it without denying its value, without trying to escape it completely or keep it forever because of this very value, in so far he has learned to live, to accept this fragment of time in and for itself, and ... if he can live this hour he has in his grasp the secret of all hours, he has conquered life and time for the moment and in principle. (Taft, 1933,1973 p. 17.)

From the earliest days Rogers and colleagues were interested in time limited treatment.  These were the days of interminable psychoanalysis and years of in-patient sanitarium care and there was as now, more readily accessible short term care.  Rogers believed that if the contact was to be short term, non-directive therapy was especially worthwhile, but he did not expect any major personality restructuring. Short term "clarifying help" can "enable the client to express his problems and feelings freely, and leave with a clearer recognition of the issues with which he is faced" (Rogers, 1942, p. 247-248.)

Early research suggested that the longer the therapy, the greater the gains, with 20 sessions being predictive of significant therapeutic gains when measured as a function of several outcome dimensions related to psychological progress, such as degree of personal integration of the client, life adjustment of the client, degree of satisfaction of client with the outcome of therapy, and therapist rating of outcome (Seeman, 1954). In another related study, Standal and van der Veen (1957) suggested that increases in the degree of personality integration seemed to be correlated with longer therapy (14 or more meetings) but other personality change variables seemed to be achievable in therapies lasting less than fourteen sessions.

Shlien (1957) undertook a major study of time limited client-centered therapy, and concluded that brief time-limited client-centered therapy facilitated positive outcomes on several measurement scales but appeared to have some negative effects as well. He speculated, on the basis of deterioration in TAT scores in follow up, that if clients perceived the termination as arbitrary and unwelcome and therefore experienced it as a blow to their desire for autonomy and self-direction, then actual harm might be done by premature termination. On the basis of his own study which in some ways had set out to hoping to validate Rank's and Taft's assertions about the positive effects of time-limits, Shlien advised caution before endorsing time limitations more generally.

Since the 'fifties until quite recently person-centered therapists seem to have been less interested in further evaluating the effects of time limits. Recently the issue has been raised once again, provoked, as it has been in other therapies, by externally imposed time limits to

service.  Brian Thorne, a leading Person-centered therapist in the United Kingdom, described his own unexpected conversion to short term therapy, after completing a small pilot study. As Director of a university counseling service, he was under pressure to economize. After a census of client records revealed that many clients had arrived at satisfactory conclusions to counseling in as few as three sessions he decided to experiment with voluntary three-session service.  Clients who wished to continue were to be referred to an on-going group.  Thorne concluded that very short term Person-centered counseling can bring significant results with some self-selected and highly motivated clients (Mearns, 1994).  My own experience is similar to Thorne's.  With some clients remarkable progress can be made in one or two meetings (see case material below).

From therapists working with people in all degrees of distress from chronically psychotic to situational crises, the consensus among person-centered therapists seems to be that the crucial variable is not length of time in therapy, but rather who it is that makes the determination about the duration of service and the agenda to be addresses in therapy. If these decisions are made externally to the therapeutic relationship this violates one of the fundamental tenets of the approach--client self determination. When they are made mutually by the client and therapist, and are in terms of the clients understanding of their growth needs, then the length of therapy may be short--1-6 sessions, middling--16-25 sessions, or long-term--30-70 sessions.

Another set of responses came from therapists who pointed out that in the intensive small and large-group encounter settings significant life changing effects could be experienced in short term encounters.

During the large community group phase of Rogers' career he described several such examples including some with serious psychological difficulties (Rogers, 1977), and he has described the long-term impact of single sessions done as therapy demonstrations. (Rogers, 1980, pp. 207-234; Rogers & Sanford, 1989). In a study co-authored with Rogers and others, we had reliable, independently corroborated reports of radical life changes that occurred for some of the participants of a two-day encounter with several hundred people (Bowen, O'Hara, Rogers, & Wood, 1979). Follow-up reports indicated that the changes persisted over time (Rogers, 1980, p.316.)

It seems quite clear that person-centered therapy in its theory and as it is practiced can legitimately be considered as a brief-therapy. So why, in the light of this evidence--some of it anecdotal and some of it gained through exhaustive controlled research--do contemporary person-centered therapists, including myself, not identify with the brief therapy movement? And why are we not busy touting the Person-centered approach to the managed care industry and financially strapped social service agencies as a cost-effective method of delivering short term "quality care" that research studies show (Seligman, 1995) have the added value of receiving high "customer satisfaction" ratings?

It's the paradigm!

The single element that most sets client-centered psychotherapy apart from the other therapies is its insistence that the medical model—involving diagnosis of pathology, specificity of treatment, and desirability of cure—is a totally inadequate model for dealing

with psychologically distressed or deviant persons. (Rogers & Sanford, 1989, p. 1483.)

Put simply, the reason person-centered therapists are not lobbying to be recognized as practitioners of one of the brief-therapies is because most do not think of their practice in the terms of the contemporary medical discourse and especially not in the aggressively manipulative expert-focused stance of brief-strategic approaches (Cade & O'Hanlon, 1993). In the Kuhnian sense, they inhabit a different paradigm (Kuhn, 1970). The medical model focuses on what's wrong--the client's problems, symptoms, illness, dysfunctions, chemical imbalances--and invests all efforts in preparing therapist "experts" to provide ever better solutions to these afflictions by refining techniques, strategies and treatment protocols, and where the relationship between therapist and client is only important insofar as it facilitates the client's compliance with therapist interventions (Bohart, O'Hara, & Leitner, 1998; Bohart & Tallman,1999, in press).  Practitioners of person-centered therapy believe they are doing something rather different.

Although described in different language over the years, person-centered therapists are attempting to make a soul-connection with their clients.  Their goal is to, as far as possible, open themselves to be present to the mysterious enigma of Being, and to join with people called clients in ways that facilitate their achievement of the same kind of openness. They seek to stay close to the edge between the known and the unknown, of the moment between the already been and not yet become that is so pregnant with possibilities both for constructive and

destructive action, and to stay alert to opportunities to be a force for constructive movement.

Rogerian therapy is based in faith. At the core of the tradition, as it has evolved over sixty years from non-directive counseling, to client-centered therapy and student-centered teaching, to include experiential therapy, and its most recent iteration as the Person-centered  approach, is an invariant radical faith in a self-organizing emergent vector at work in nature.  Rogers described "an evolutionary tendency towards greater order, greater complexity, greater inter-relatedness" (Rogers 1980, p. 133. ).   This faith leads to trust in the inborn desire and capacity of all human beings to choose relational mutuality over either isolation or relationships of exploitation and domination, to choose growth and wholeness over fear and disintegration, and to participate co-creatively rather than compliantly in the formation of larger conscious groups such as families and communities. Whether one believes such a faith is warranted or not--and clearly this moves into the realm of metaphysics--without recognizing the difference in their metaphysics, it is impossible to understand how radical the difference is between the person-centered  tradition and mainstream medical-model psychotherapy.  A fuller discussion of these differences can be found in O'Hara, (1997a).

Moments of eternity

I feel continuous waves taking up every cell of me, transforming me "forever."  They come as feelings, very pure, without words, as I seem to have forgotten what was said either by you or me or the others at the most significant moments.  What is here, and is

incredibly vivid, a thing of now, is what resulted in those

moments. Participant in a person-centered workshop.


  While mainstream psychotherapy trusts a mechanistic world of

cause and effect, the person-centered  therapist's focus is on

developing ways of being in relational encounter with the Other and by

doing so, open sacred space and time--moments of eternity--within which

the self-organizing formative tendency in nature can become manifest and

effective in the world. Whether with a single individual, a family or

group and whatever the level of disturbance, healing becomes not a

matter of what one does but of what and how one is in relationship to

world, including the world of the Other.

   Once this is admitted then the nature of the encounter shifts.  No

longer I-It, as Buber (1970) would say, but I-Thou, in which a true

encounter between Beings of infinite complexity and infinite

possibilities can occur.  If it does occur, the next moment and all

future moments are open.  The work the therapist must do shifts from

techniques to apply to the client to the development for greater

capacities to be spiritually open.

   In an interview late in his life, Rogers said he endeavored to be

as much as possible in a state of "openness" or as he described it, "a

continuing way of meeting life.  This includes openness to the beauty of

my fuschias, as well to what is going on in me or what is going on in a

relationship"(quoted in Harman, 1990)).  Openness means adopting a

learners stance, what in Zen is called "beginners mind," in meeting with

clients.  In this state of openness all stereotype and pre-judgment--

including diagnosis and prescription--are suspended, and in their place

an empty mind waiting to be filled with the possibilities presented in the present moment.  For Rogers and other person-centered practitioners this accepting, non-judgmental and non-directive attitude is the bed-rock of their work, out of which comes the courage to listen deeply, to enter into an empathic attunement with the Other, to surrender separate individual consciousness, and enter the phenomenal world of the other. In doing so, they attempt to become one with the emergent edge between the known and the unknown. Wood,(1997) describes the "mediumistic" quality of Rogers' sessions, from an early stage.  Rogers and others came eventually to call the states(after Buber) "presence" (Thorne, B. 1997, presentation given to the IV International Conference on Client-Centered and Experiential Psychotherapy, July 7). Rogers exquisitely captures this experience as follows:

> I find that when I am closest to my inner intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing.  Then simply my presence is releasing and helpful to the other.  There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other.  Our relationship transcends itself and becomes a part of something larger. (Rogers, 1980 , p. 129.)

When clients or groups sense that they are being received with this kind of openness they too are more willing to open up to the greater resources within them, within the relationship and in the greater contexts of their lives.  They discover, almost miraculously sometimes, new creative responses to what challenges them.

Moments like these seem to regularly involve altered states of consciousness--altered that is from the customary ego-bounded state that is valued in contemporary "professional" western scientific discourse, but entirely recognizable to shamans, hypno-therapists, ministers, poets, mothers, lovers and other kinds of healers.  Attention is more diffuse, however, rather than sharp, edges are fuzzy, thoughts are quieted, muscles relaxed, things come to consciousness as images, patterns, sounds, bodily sensations and symbols more often than they come as words or ideas. The ordinary sense of time disappears and in its place a sense of timelessness.  There is a sense of alert patience-- waiting. (The origin of the word "therapy" is to wait).  It is common at such moments to lose the sense of separation between self and Other and instead experience oneself and all other existence, as the same thing, part of one indivisible and endlessly generative whole. In wisdom traditions these moments are sought as intimations of enlightenment, in religious traditions as glimpses of God, and in shamanic traditions as moments of healing.

Such states of consciousness are by no means passive, but the practitioner is wide awake, aroused, fully there, not thinking, judging, evaluating, diagnosing, but simply available.  We wait until the spirit moves us, and move us it will.  We move towards or away, we hear a new note, we sense new symbols, we see an opening, we encounter a boundary,

we are filled with pain, we are teased, we are swallowed up, we are seduced, repulsed, encouraged, and plunged into despair.

This kind of openness, especially in relationship with a person or situation which is chaotic or dangerous is no job for the faint-hearted. To meet another available to be moved by their story, means opening oneself to all the pain and nastiness that life can hurl at us (Neimeyer & Stewart, 1999). Murder, rage, greed, rape, trickery, madness, terror, despair, loss, confusion, incoherence, numbness and death all move through us as if they were our own--because they are. Rogers himself describes one experience during his University of Chicago years that was so intolerably painful that he felt forced to abandon the client hewas working with and take a couple of months away from practicing psychotherapy to get back his perspective and regain his sanity (Kirschenbaum, 1979; Shlien, 1997).

Therapeutic moments are like love--they catch us by surprise. They cannot be willed or "performed" and cannot be domesticated and controlled. Love swells up from some hidden source and flows through us. We cannot hold onto it, it is beyond will, beyond volition. If we are available to it, it will move us to action that is natural and harmonious with the situation much in the same way the winds play music on a quiet harp. We become the instrument.

We are not needed to "fix" anything, to perform, or to intervene. The research data are clear (Bohart, et al, 1998). Whatever "fixing" that will happen as a consequence of the meeting will be done by the client. Our clients need us not for what we do, but for who and how were are and for how we can be with them. They need us to bring to the encounter our hope, courage and energy and love to accompany them in

their journey which for the moment is too hard for them to bear alone. Therapist creativity, knowledge of psychological processes, techniques for focusing and reframing experience, relaxation, trance induction, guided imagery, narrative restructuring and so on, may be of assistance to a client. So may aid in learning to think more critically or expansively. Honest feedback about behavior, even giving advice--all handy tricks of the therapist's trade, may under the right circumstances, provide useful assistance to clients. But they may also not.  In any case such resources can be accessed by the motivated client from many other sources, such as friends, self-help books, self-help groups, TV shows, workshops, spiritual retreats etc.. To what degree the therapist's experience and skills are useful remains up to the client. As Bergin and Garfield (1994) concluded in their recent volume on psychotherapy research, "it is the client more than the therapist who implements the change process. If the client does not absorb, utilize, and follow through on the facilitative efforts of the therapist, then nothing happens" (Bergen & Garfield, 1994).

   Our significance to our clients, particularly those who are very troubled or very perplexed, is as constant and loving witness to their existence.  They need us to stand alongside them as they struggle with the happenings of their lives, to love them, to be at least one significant Other who regards them in return--with all their difficulties and flaws--as a significant--Other. In the mutual recognition of one human being for another comes the possibility to go beyond I-IT, and even beyond I-Thou to become a "We" (Schmid, 1997).  By being willing to risk even temporarily becoming a "we" a new never-before-existent universe is created between therapist and client.

Friedman (1985) describes this process as the "concrete unfolding of the 'ontology of the between' "(p.152). Never-before encountered or even imagined choices become available, creative understandings and solutions to predicaments become possible.  For those who feel separated and alone, cut off from themselves and from fellowship with the rest of human race the bridge back from exile, into a world of relationship and of infinite possibility, is what Gilligan calls "sponsorship" or non-possessive love (Gilligan, 1997).

Transformational androgogy

     Practitioners of consciousness traditions have invested centuries studying transformational moments, both the details of how they are experienced and on how they can be facilitated.  The Hindu yogi disciplines, Zen Buddhism, Tibetan Buddhism, Taoism, Sufism, Judaism and Christianity possess centuries of accumulated wisdom on how best to help another enter transformational states and on the phenomenology of what happens when one does.  Illness, in many of these traditions is regarded as signs that people or systems are out of balance with the universal flow of Being. Consciousness disciplines such as awareness work, prayers, martial arts, calligraphy, poetry, philosophy and meditation are regarded as educational practices developed to help people regain their balance and to realign with the life-force.

     Partly due to the West's obsession with objectivism, and partly due to American psychology's abandonment, early in the century, of William James' studies in consciousness in favor of experimental behavioral science, detailed exploration of inner psychological processes has been neglected until recently.  The recent convergence of

neuro-psychology, mind-body interaction, phenomenology, existential psychology, cognitive-psychology, developmental psychology, psycho-physiology, epistemology, systems science and complexity science, has revitalized interest in consciousness. It has also provided new non-religious (at least non-sectarian) languages with which to speak about the process of consciousness change and its facilitation.

Whether gradually over a period of time, or apparently in an instant, deep irreversible, transformational change occur all through life in the way human beings experience their world, make meaning of it, and act in it. See Alexander & Langer, (1990) for a review of recent studies.

Case example (The biographical details are significantly altered, although the essential elements of the story are intact, and the quotes are her words:

When Jenny first came to see me, she was 40 years old, with a high school education. She was suffering from acute debilitating panic attacks of recent onset and complained that "instead of getting more self-confident with age," she was "losing ground." She blamed other people for her difficulties---her father, who had abandoned her and a sister when he divorced their mother, her step-father for being a "drunk," her husband for being a "workaholic," even psychologists for not having diagnosed her dyslexia as a child. Her thinking was one-dimensional and she jumped around from topic to topic, never able to reflect on her story, only to recount it.

She was the mother of two teenagers--an older boy and a younger girl, the wife of a distant overworked physician husband, and she had a

small, not too successful jewelry design business. She admitted that she was often close to despair and told me that she had flirted with a neighbor but backed off at the final moment.  She was "disgusted with herself," was feeling "old, unattractive and ripped off by life" and was contemplating divorce.

During the first two sessions she spoke of her pent-up frustration; of her many attempts to solve her problems herself--self-help books, assertiveness training classes, journaling, Oprah, a women's support group and so on; and of her self-diagnosis as a "chronic under-achiever who had married out of her intellectual class."  She disclosed that as an adolescent she had been molested by her step-father, and that her dyslexia had made high school a "nightmare."  All this, she said, had left her alternately depressed and school phobic throughout high school. She had married Mark as an escape. She was currently not sleeping well, had gained weight and at times felt hopeless.  As her sad story tumbled out, it seemed that we might be at the start of a fairly extensive process of psychotherapy, and at her initiative we even discussed her husband's suggestion that she take medication for depression.  Disapproving of "chemicals," she decided to hold off to see if therapy might "work."

The third session Jenny arrived in a highly agitated state.  She had obviously been crying in the waiting room.  She began to cry again as she started to speak.  Her tears were angry.  She was "livid," "incensed," and she would like to "tear the face off" her son's high school principal, she exclaimed.  Apparently he had just announced a new policy that only students with grades B or better could play baseball. Her son Todd (also dyslexic), whose grade point average was a B-, had

been kicked off the team and he was, in his mother's words, "devastated." This affected the whole family since she,her husband, and daughter were heavily involved with the Todd's team. Jenny had wanted to storm off to speak with the principal on her son's behalf but he begged her not to. This left her even more furious and impotent. At first she ranted, alternately blaming herself, then the principal, then her son, then her husband. She felt completely stuck, overwhelmed by emotions, not knowing what to do. "I'm damned if I do, and screwed if I don' t."

I simply listened--there was no need (or room) for me to say anything for quite some time. Occasionally I asked for clarification, expressed surprise, sympathy, or curiosity like any engaged listener would. Once, in frustration, she demanded angrily that I "earn my fee" and give her some advice, "Should I go see the principal even though Todd said not to?" she asked. "Shouldn't a mother intervene for her son when injustice has been done?" "Won't he be scarred by being rejected like this?" I responded quite honestly to Jenny' s legitimate request for "expert" advice by saying that I had more faith in her ability to work this through than I had in any counsel I might offer. Once or twice I expressed my confidence in her and my admiration for her fierce support for her son. But mostly I just listened attentively and appreciatively as she explored the multiple dimensions and meanings of her predicament. Gradually she developed deeper and more nuanced understanding of the complex basis for her rage, the way it related to her own childhood experiences, separating these transferred feelings from the problem for her son, his need to not be seen as a mama's boy, her own feelings that baseball had been the reason her son was willing to try to succeed in school and her fear that he would now withdraw his

efforts the way she had, her anger at her husband because "as usual he won' t do anything", her anger at male authority, and so on.

Eventually the flow of her words slowed down. She began to listen to herself, and to correct herself as she did so.

J: The principal's a fucking asshole. He's on a big power trip.(pause) No, that's not really true, it isn't all the principal's fault, he has a job to do and he's probably under pressure to improve kids' grades so they can go to college.  I seem to be looking for a villain.  I am noticing now that I do that when I don't know what to do.  That's what Mark always says I do.  It really pisses me off when he says it, but he may be right. (She smiles, I smile back) (Pause)  Hmmm. Sometimes there isn't one, right? No easy answers?  Somehow that doesn't seem so scary at this moment. (Pause) This seems like a big deal, to be getting this after all these years of knocking my head against a wall.

T: You are beginning to see just how complicated the situation is, not so easy to see what to do, but now you have noticed this pattern, you seem to be willing to go beyond your usual search for someone to blame.  That seems like something important!

J: Yeah, it does.  Finding a villain only makes me feel like a victim. It's even worse when I decide the villain is me, then I just want to go away and shoot myself.  Its like right now I can see it in bigger perspective, somehow.  You know, when Mark would say "you're losing perspective, I didn't really know what he meant, like there was right and there was wrong and you had do what was right.  But its not so clear, is it?

As Jenny's exploration of the issues continued, what began as a one-dimensional victim story gradually became elaborated into an entirely new and much more complex grasp of the situation. This understanding extended beyond herself to include empathy for all the participants, including the high school principal. As we approached the end of the session she seemed different. She was more relaxed, she sat quietly, her face calm and her eyes wide. She sat silently for several moments (the first long silence of the session), and then said:

> J: Something incredible has just happened. I don' t feel angry anymore, I don' t feel afraid, I don' t feel inadequate. It's as if I am seeing all of this in a new way--like instead of it all happening to me, I am part of a whole lot of other people's lives and they're part of mine, and what I do affects them and what they do affects me. I suddenly feel a sense of confidence in my own position on this baseball and grades thing, I feel like I am a part of it all somehow, not just a bystander. I feel like an adult--like I understand why the principal thought it was a good idea. I just don' t agree. And maybe Todd needs his friends' respect more than he needs baseball, and maybe he needs baseball so much because he thought it meant so much to his dad and me. I don't know, but I am going to talk all this over with him.

Between that session and the next, I was to learn, Jenny had conversations with her family and with Todd alone. With Todd' s blessing she paid a (calm) visit to the principal at which she expressed her disagreement with his educational strategy while affirming his responsibility to "call 'em as he sees 'em." She shared with me that

her entire family seemed to be taking her more seriously and that her customary sense of dread had evaporated. She was laughing a lot more.

J: In that last session, it was as if all these years of struggling to come to terms with my shitty life had come to a head over this one issue.  I just couldn' t hide behind the molest thing anymore, making excuses for not standing up for myself. Even as I talked, part of me knew more was at stake than Todd' s baseball.  I think that's why I came.  I could either walk away from it and say it's too hard, like I have a thousand and one times, or I could face it and do something else.  But now, I am seeing a whole lot of interconnecting lines going everywhere--to Todd, to Megan, to Mr. Boyd, to my dad--its all one big bundle of people and everyone has their point of view.  It could be easy to get lost, but somehow I seem to have my own opinions as well.  I am still here, but somehow I'm in it as me.

Because you were so there for me...in a funny way you were more help because you didn't try to help, you never gave an opinion about what I should do, but you did seem genuinely interested in me and my situation.  Usually, with Mark, he either takes over or won't get involved--so he tries to talk me out of my feelings. What you did and what you didn't do was just right. It gave me the space to see the bigger picture, I guess.

The next week Jenny arrived with a basket of vegetables from her garden and a decision to end therapy.

J: I can do it myself, I think.  You said you had confidence in me, and I thought when I got home, "Heck, if she sees me like

that, why don' t I just do it." So I tried it, and it is working

out. If I can' t do it sometime, I'll come back. OK?"

She didn't. She did, however, keep in touch by Christmas card and the occasional letter. Over the decade since I last saw her she went to college, finished a fine arts degree, began to design for a major jewelry house, and rebuilt her relationship with her husband. Now at fifty one, she has a business making a good income and is close to her family in a way she had never been. She has not needed any further psychotherapy, she experiences occasional stage fright before making a major sales presentation, but otherwise is anxiety free. More importantly, she still feels "like an adult" . She says she is "a deeper person, somehow" and is beginning to think she is going to make a "pretty awesome old lady one of these days."

Jenny had a transformative experience--apparently in just four sessions--a brief therapy success. But it wouldn't matter whether it had taken ten session or even thirty, it was the quality of the change that marks is as significant. It would miss her achievement altogether to evaluate what occurred in reductionist terms as "number of sessions," "symptom reduction," "problem-solving," and certainly in terms the managed care industry's favorite standard "returning her to pre-morbid functioning" and it would miss the importance of the presence of a significant Other, to think of my role in this as provider of "psychological treatment."

In a very real sense Jenny underwent an enlightenment experience. Who she was after the experience was qualitatively altered from who she had been just the week before and this change permeated her whole

existence.  She had not only changed <u>what</u> she thought about the situation she was facing, she had change <u>how</u> she was thinking.

Jenny had been operating from within mental processing frameworks inadequate to the complexity of the situation she was facing.  It was as if she was attempting to navigate the complex psychological terrain of adult life with the very primitive maps she had drawn as a teenager. Epistemologically, she was "over her head" (Kegan, 1994).  She herself realized that she needed capacities she did not (yet) possess and had worked furiously to find her own remedy.  All those books, classes, talk shows and her women's group had certainly expanded her repertoire of conceptual options in important ways, but had up until then added more to the "quantity" of her knowledge-base rather to the quality of how she processed it.

When faced with contradictory life-challenges, such as her unsatisfactory marriage and her simultaneous commitment to being a good mother, in which several of her well-established but adolescent cognitive-emotive patterns were in conflict, it seemed to Jenny that any solution from within one pattern would violate the requirements of another.  The crisis over Todd's baseball playing had kicked the whole dilemma into high gear.  She had been running around in mental circles looking for ways out of the impasse and this had precipitated her anxiety attacks.  Her level of physiological arousal had been raised significantly, and this had activated many if not all the mental possibilities she had accumulated over a lifetime of experience.  At home, without a supportive context in which to permit this process to take its own course, she was flooded with unbearable anxiety, but within the special conditions of the therapeutic setting, where she experienced

herself as being met in the appreciative context of an unconditionally accepting "we", she was able to resist her impulse to retreat, and instead of another failure, she was able to find her way out of the impasse.  It is crucial to recognize that all this learning would have been lost had she been either "therapized or medicated out of her crisis.

As artists, scientists and mystics have long known, states of high mental arousal, when not accompanied by too much fear or sense of threat, permit us to bring into focus all at the same time, ordinarily disparate and disconnected fragments of knowing, state- and context-specific schemas, tid-bits, unrelated ideas, narrative repertoires, odd-ball possibilities, unconscious connections, strange and creative association and to make new connections.  Neural pathways and cognitive sub-routines, which develop separately at different stages of development and in response to specific experiential challenges and which usually operate somewhat independently, become available to each other in such altered states.  Emotional, cognitive and even neurological re-organization can take place, and higher orders of mental functioning can be achieved.  According to Pascual-Leone (1989) growth that creates advances in level of mental functioning only occurs as "a <u>result of overcoming (i.e. reversing or accepting failure)</u>" because (deep cognitive-affective) structures do not change unless change is required, (p. 275). By "accepting errors" in her characterization of the situation, "taking them as a challenge" (Pascual-Leone, 1989, p. 276), getting perspective on a broader more comprehensive level, and by becoming aware of her own existential involvement in the flow of her

life, Jenny's breakthrough is archetypal of all higher orders of
psychological growth.

Jenny is navigating a transformation from a way of being in which
she is a passive recipient of life to one in which she is an active
agent, from "subjective knower"--where the only truth is her own
personal feelings,  to something approaching "constructive knower" where
reality is seen as a co-construction among multiple players (Belenky,
Clinchy, Goldberger, & Tarule, 1986).  In this one series of statements
we can hear her begin to see her connectedness to larger systems, her
existential limits and the dialectical relationships between the systems
she is involved in.  She can see the tension between Todd's membership
in the family, his relationships with peers, and their relationship to
the high school culture.  Jenny begins to "dis-identify" with her own
emotional responses--"getting perspective"--which she can now see are
contaminated by out-of-awareness associations from her own (very
different) childhood. She also begins to see that she had choices in the
way she construes the world--"no right answers" and begins to accept
personal responsibility for the way she sees things, while accepting
others will make different choices.  Whether such transformations occur
through psychotherapy, education, the ordinary challenges of life,
successfully faced,  through participation in enlightenment traditions,
rapidly during a crisis or over the long haul is incidental, Jenny is on
her way to becoming what Rogers calls one of the "the persons of
tomorrow"(Rogers, 1977, p.263).

Rogers believed that unless prevented by overwhelming and aversive
circumstances, leaps of consciousness such as these could be expected to
occur in therapy, in encounter groups, in community workshops, at home,

at work, in church, temple or mosque, because it is the <u>nature of Being to become.</u>  Like the South African prime minister, Jan Christian Smuts, who in 1926, on the heels of a political defeat, originated the concept of holism, and physical chemist Ilya Prigiogine who pioneered research on self-organizing systems, and physicist David Bohm--all of whom he felt kinship with, Rogers believed that complex systems--especially living systems--do not obey the laws of entropy, but rather move towards higher levels of organizational complexity.  In this view, the "formative tendency" of the cosmos is eternally waiting for opportunities whereby the unseen, "implicate order" (Bohm) of the not yet Being, can <u>become</u> .

Relational empathy, reading the group's mind.

I want to close, then, by pushing the implications of such a metaphysics even further out, to go beyond rationalist cognitivist explanations of breakthrough moments--which focus largely on what happens within the consciousness of individual persons, and consider some ways to understand the importance of relationships in this process.

I have discussed elsewhere that the source of a great deal of the suffering we hear about from our clients has to do with either their disconnection from mutual relationships with others, or the violation and exploitation of such connections by others (O'Hara, 1989; O'Hara, 1997a; O'Hara, 1997b; O'Hara, 1984). Suffering happens because human beings are fundamentally social beings so that to be disconnected is to be cut off from ones own humanity.  We are composed of cells carrying DNA from both parents, we develop the first nine-months within the body of another person, we are nourished by the flesh of her body for months

afterwards, every breath, thought and movement, and every movement towards increasing wholeness takes place within the context of life with other human beings.  Our place in social groups, our impact on others and their's on us, and our making personal and collective sense out of it all, is the non-stop life and death curriculum of conscious life.

Western culture's denial of this fundamental connectedness and relatedness to the eternal Whole, and our divorce from the Divinity, as some fifteenth century opponents of the Copernican revolution saw it, perhaps lies at the heart of a great deal of modern psychological pain. A relationship with another who offers unconditional acceptance permits the small "I" of the individual self to experience itself as connected once more, to tune into and become a participant in orders of consciousness greater than itself.  This "relational empathy" (O'Hara, 1997b), makes it possible to know the Other as an individual, as we do through "ego-centric empathy," but also holistically, through their participation in larger "wholes."

To distinguish between "ego-centric empathy" and "relational empathy" I give an example.

I was working with a person-centered training group in Brazil.  It was a particularly difficult group; they were very competitive with each other, aggressive and uncooperative.  Although everyone seemed willing to speak up and "deal with their stuff," nothing seemed to be happening. I had been a little detached for several minutes while group members tried unsuccessfully to work through a misunderstanding between a Paulo and Maria do Carmen that was very painful for them, since they had been very close prior to this. I was having difficulty making an empathic connection with either Carmen of Paulo, so I tuned out from their

conversation and tuned in to the group as a larger-order entity. I entered a sort of reverie in which the individuals in the group faded into the background and the patterns of interactions flowed on. I began to hallucinate images and hear sounds that were apparently unconnected to what was happening in the room. Suddenly, and with crystal clarity I saw Carmen as a small barefoot country girl. In my imagination (although not in fact) the robust-looking and well-heeled Carmen appeared undernourished and terrified. In the image she was rocking back and forth holding herself and weeping. Then there appeared a somewhat older boy about to bring a hefty stick down on her head and a much younger boy appeared trying to prevent it. The image faded and I came back into sharp focus.

I interrupted the free-for-all discussion underway to ask the couple, in a tone one would use to speak to small children, if either of them needed any help. Carmen moved quickly towards me, straight into my arms, and began sobbing as if her heart would break, while Paulo turned to the lap of my co-leader and began to weep almost as deeply. On cue other group members began to move closer to each other holding hands or embracing. Tears flowed freely for several minutes. Later, when the members began to talk over what they had experienced, people shared fragments of images that were not very different from mine. One woman said she had felt the need to protect both Carmen and Paulo, but had no idea from what. Paulo said his frustration had been so intense because he felt a contradictory need to challenge Carmen and to protect her, and he couldn't do both. Finally Carmen told a story of her early childhood that no-one in the group knew about. She had been born to a poor sugar-plantation worker and had been adopted at age five by a wealthy family.

She had been separated from her little brother Paulo, and her step-brother had been a bully.  After this moment in the group, the conflict between Paulo and Carmen simply evaporated, and the dynamics of the group changed.  In the place of the heaviness that had characterized the group since the beginning, a lightness erupted.  Laughter, playfulness and creativity took the place of the tense competition of before.  The important "gender issues" that had required so much attention for the first days of the group suddenly, and without further work, were no longer important.  The group was more cohesive, learning was accelerated and like a team that had suddenly "clicked," the whole group was functioning on a far more creative level.

Over years of working in person-centered groups, as well as with individuals, families and in organizational settings, we have gradually come to trust relational empathy as a real, but under-developed skill. We have begun to have confidence that these apparently unrelated hallucinations are ways of representing the implicate order that is always present, but rarely discerned by individual-centered consciousness.  Even when such relational patterns are recognized we hesitate to give epistemic status to such knowledge.  We call it "psychic," "paranormal," "miraculous" and by so doing put it out of the reach of ordinary people.  Worse still, at least in graduate training programs for therapists, we warn students of "psychic contagion," "loss of self" "boundary diffusion" and other such dangers that are said to await young therapists if they allow themselves to explore such realms. At the same time we fail to offer them training in how to enter such states safely and creatively.

We have observed (O'Hara, 1983; Wood, 1984) that there are times in relationships and in groups as large a several hundred members, when an resonance exists between the individual level of consciousness and the group level of consciousness, where individuals can "read the group's mind." This rarely happens early in a group and it seems to require that individuals present have allowed themselves to go beyond their previous ego-boundaries and to make deep and authentic empathic connections with each other. But when it does happen everyone present recognizes that something very special is occurring. People report "knowing more than they could possibly know," "knowing what was to happen before it actually did," "feeling smarter and more aware than ever before," "feeling no separation between unconscious images and real events," "able to make connections they had never seen before," "speaking for the group" and so on. Descriptions of experiences in these groups have the sound and texture of the descriptions of "unity consciousness" about which poets mystics and philosophers have written about over the ages. What differentiates these experiences from those of the mystics and spiritual practitioners who achieve such states only after long periods of mental preparation, is that these moments occur in events that last as little as a day of two.

We believe that the very special context of person-centered therapy--which Rogers described almost sixty years ago, is one way in which people are able to tap into realms of knowledge that lie beyond the consciousness of any single individual, and which can be accessed through the open sacred space created within relationships. Professor Manton and Carl Rogers believed, and thanks to their mentor-ship, so do I, that such moments of eternity are reachable through relationships of

unconditional love.  Although not the only path--there are many more--
some of them thousands of years old--but a good one, person-centered
therapy provides both clients and therapists with a simple but demanding
way to glimpse the divine at work in the world, and more importantly to
participate.

References

Alexander, C. N., & Langer, E. J. (Eds.). (1990).  Higher stages of
     human development: Perspectives on adult growth. New York:
     Oxford University Press.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M.
     (1986). Women's ways of knowing: Development of self, voice, and
     mind. New York: Basic books.

Bergen, A. E., & Garfield, S. L. (1994). Overview, trends, and future
     issues. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of
     psychotherapy and behavior change (pp. 821-830). New York: Wiley.

Bohart, A., O'Hara, M., & Leitner, L. (1998). Empirically violated
     treatments: Disenfranchisement of humanistic and other
     psychotherapies. Psychotherapy Research, 8(141-157).

Bohart, A., & Tallman, K. (In press). The client as active self-healer.
     Washington DC: American Psychological Association:

Bowen, M., O'Hara, M. M., Rogers, C. R., & Wood, J. K. (1979). Learning
     in large groups: Implications for the future. Education, 100, 108-
     117.

Buber, M. (1970). I and Thou. (W. Kaufman, Trans.). New York: Scribner's
     Sons. Original work published 1923).

Caddie, B., & O'Hanlon, W. H. (1993). A brief guide to brief therapy. New York: W.W. Norton & Company.

Geertz, C. (1979). From the native's point of view: On the nature of anthropological understanding. In P. Rabinow & W. M. Sullivan (Eds.), Interpretive social psychology (pp. 225-241). Berkeley: University of California Press.

Gergen, K. J. (1994). Exploring the postmodern: Perils or potentials? The American Psychologist, 49(5), 412-414.

Gilligan, S. (1997). The courage to love:  Principals and practices of self-relations psychotherapy. New York: W. W. Norton.

Harman, J. I. (1990). Unconditional confidence as a facilitative pre-condition. In G. Leitaer, J. Rombauts, & R. Van Balen (Eds.), Client-centered and experiential psychotherapy in the nineties. Leuven: University of Leuven Press.

Kegan, R. (1994). In over our heads: The mental demands of modern life. Cambridge: Harvard University Press.

Kramer, R. (1995). Carl Rogers meets Otto Rank--and beyond. Journal of Humanistic Psychology, 35 (4), 54-110.

Kirschenbaum, H. (1979). On becoming Carl Rogers. New York: Dell.

Kirschenbaum, H. & Henderson, V. L. (Eds.).(1989). Carl Rogers: Dialogues. Boston: Houghton Mifflin.

Kuhn, T. S. (1970). The structure of scientific revolutions (2nd. ed.). Chicago: University of Chicago Press.

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies: Is it true that "everyone has won and all must have prizes"? Archives of General Psychiatry, 32, 995-1008.

Mearns, D. (1994). Developing person-centred counseling. London: SAGE.

Neimeyer, R. A., & Stewart, A. E. (1999). Constructivist and narrative therapies. In press.

O'Hanlon, W. H. (1993). Possibility therapy: From iatrogenic injury to iatrogenic healing. In S. Gilligan & R. H. Prices (Eds.), Therapeutic conversations New York: W.W. Norton.

O'Hara, M. (1983). Patterns of awareness: Consciousness and the group mind. The Gestalt Journal, 6(2), 103-116.

O'Hara, M. (1989). Person-centered approach as conscientizacao: The works of Carl Rogers and Paulo Freire. Journal of Humanistic Psychology, 29(1), 11-35.

O'Hara, M. (1995). Carl Rogers : Scientist or mystic? Journal of Humanistic Psychology, 35(4) 40-53.

O'Hara, M. (1996). Rogers and Sylvia: A feminist analysis. In B. A. Farber, D. C. Brink, & P. M. Raskin (Eds.), The psychotherapy of Carl Rogers:  Cases and commentary (pp. 284-300). New York: Guilford Press.

O'Hara, M. (1997a). Emancipatory therapeutic practice in a turbulent transmodern era: A work of retrieval. Jurnal of Humanistic Psychology, 37(3), 7-33.

O'Hara, M. (1997b). Relational empathy: From egocentric modernism to socio-centric postmodernism. In A. C. Bohart & G. L.S. (Eds.), Empathy reconsidered: New directions in psychotherapy. (pp. 295-320). Washington D.C.: American Psychological Association.

O'Hara, M. M. (1984). Person-centered Gestalt: Towards a holistic synthesis. In R. F. Levant & J. M. Shlien (Eds.), Client-centered therapy and the person-centered approach: new directions in theory, research and practice. (pp. 203-221). New York: Praeger.

Pascual-Leone, J. (1989). Reflections on life-span intelligence, consciousness, and ego-development. In C. N. Alexander & E. J. Langer (Eds.), Higher stages of human development (pp. 258-286). New York: Oxford University Press.

Rogers, C. R. (1942). Counseling and psychotherapy: Newer concepts in practice. New York: Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions for therapeutic personality change. Journal of Consulting Psychology, 21, 95-103.

Rogers, C. R. (1977). Carl Rogers on personal power. New York: Delacorte.

Rogers, C. R. (1978). The formative tendency. Journal of Humanistic Psychology, 18, (1), 23-26.

Rogers, C. R. (1980). A way of being. Boston: Houghton Mifflin.

Rogers, C. R., & Dymond, R. F. (Eds.). (1954). Psychotherapy and personality change: Co-ordinated research studies in the client-centered approach. Chicago: The University of Chicago Press.

Rogers, C. R., & Sanford, R. C. (1989). Client-centered psychotherapy. In H. I. Kaplan & B. J. Sadock (Eds.), Comprehensive textbook of psychiatry. (pp. 1482-1501). Baltimore: Williams & WIlkins.

Schmid, P. F. (1997). In N. Andrade (Ed.), IV International Conference on Client-Centered Therapy and Experiential Psychotherapy, (pp. 30). University Católica Portuguesa, Lisbon, Portugal: University Católica Portuguesa, Lisbon, Portugal.

Seeman, J. (1954). Counselor judgements of therapeutic progress and outcome. In C. R. Rogers & R. F. Dymond (Eds.), Psychotherapy and

personality change (pp. 196-166). Chicago: University of Chicago
Press:

Seligman, M. E. P. (1995). The Effectiveness of Psychotherapy: The
*Consumer Reports* Study. The American Psychologist, 50(12), 965-
974.

Shlien, J. (1997). Empathy in psychotherapy: A vital mechanism? Yes.
Therapist's conceit? All too often.  By itself enough? No. In A.
Bohart & L. S. Greenberg (Eds.), Empathy reconsidered: New
directions in psychotherapy.  Washington DC: American
Psychological Association.

Shlien, J. M. (1957). An experimental investigation of time-limited,
brief, client-centered therapy. Doctoral dissertation, University
of Chicago.

Standal, S. W. & van der Veen, F. (1957). Length of therapy in relation
to counselor estimates of personal integration and other case
variables. Journal of Consulting Psychology, 21(1), 1-9.

Taft, J. (1933,1973). Dynamics of therapy in a controlled relationship.
Goucester, MA: Peter Smith.

Van Belle, H. A. (1990). Rogers' later move towards mysticism:
Implications for client-centered therapy. In G. Lietare, J.
Rombauts, & R. Van Balen (Eds.), Client-centered and experiential
psychotherapy in the nineties (pp. 47-58). Leuven: Leuven
University Press.

Van Kalmthout, M. (1995). The religious dimensions of Rogers' work.
Journal of Humanistic Psychology. 35(4), 23-39.

Wood, J. K. (1984). Communities for learning: A person-centered
approach. In J. M. Shlien & R. F. Levant (Eds.), Client-centered

therapy and the person-centered approach: New directions in theory and practice (pp. 297-316). New York: Praeger.

Wood, J. K. (1997). Carl Rogers and transpersonal psychology. Invited presentation at the VI International Holistic and Transpersonal Congress, Aquas de Lindoia, Brazil: